



2 Green Dental Practice 2 Green Walk, Crayford, Kent, DA1 4JL
Implant Referral Form

REFERRED BY:

Name:

Address:.....
.....
.....

Work Phone: Other Contact:

GDC No: Email Address:

Signature:..... Date:.....

PATIENT DETAILS:

Title:..... Name:

Date of Birth: Possibility of pregnancy: yes / no

Address:.....
.....

Home Phone: Work or Mobile Phone:

RELEVANT MEDICAL HISTORY

TYPE OF REFERRAL (please circle)

| | | |
|------------------------|----------------|-------------------|
| Consultation | Single Implant | Multiple Implants |
| Implant Placement Only | | |

CLINICAL SITUATION (please circle)

| | | |
|----------------------|------------------------|---------------|
| Failing Endodontics | Failing Crown & Bridge | Root Fracture |
| Unrestorable Teeth | Unstable Dentture | Aesthetics |
| Long standing spaces | | |

TEETH/SPACES TO BE TREATED

Has the patient been made aware of the level of investment that may be required?

YES

NO

REST ASSURED 2 GREEN DENTAL WILL NOT APPROACH OR ACCEPT TREATMENT OTHER THAN THAT REQUESTED